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MAR 30 2006

Serial No.: 10/781309
Attorney Docket No: 160-019

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Carol Ann Mahoney

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Transmittal x 2	2 pages
Amendment	4 pages
Terminal Disclaimer	1 page
Fee Sheet x 2	2 pages

Total pages 10

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/781309
	Filing Date	Feb 18, 2004
	First Named Inventor	Backes, Floyd
	Art Unit	2665
	Examiner Name	Ewart
Total Number of Pages in This Submission	Attorney Docket Number	160-019

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: PLEASE CHARGE ANY FEE DEFICIENCY TO DEPOSIT ACCOUNT 502569		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	McGuinness & Manaras LLP		
Signature	<i>HM W. Anderson</i>		
Printed name	Holmes W. Anderson		
Date	March 30, 2006	Reg. No.	37272

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Signature	<i>CMahoney</i>	
Typed or printed name	Carol Ann Mahoney	Date
		3/30/06

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/781309
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	First Named Inventor	Backes, Floyd
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Remarks PLEASE CHARGE ANY FEE DEFICIENCY TO DEPOSIT ACCOUNT 502569		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm Name	McGuinness & Manaras LLP
Signature	<i>HW W. Anderson</i>
Printed name	Holmes W. Anderson
Date	March 30, 2006
Reg. No.	37272

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PTO/SB/17 (12-04)

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Effective on 12/8/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005**Complete if Known**

Application Number 10/781309
 Filing Date 2/18/2004
 First Named Inventor Backes, et al.
 Examiner Name Ewart
 Art Unit 2683
 Attorney Docket No. 160-019

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CENTRAL FAX CENTER**MAR 3 2006**☒ Applicant Claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT (\$)** 130.00**METHOD OF PAYMENT (check all that apply)**☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account: Deposit Account Number: 502569 Deposit Account Name: McGuinness & Manaras LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$)

Small Entity Fee (\$)

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

50 25

Multiple dependent claims

200 100

Total Claims**Extra Claims**

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

0 - 20 or HP = 0 x \$25.00 = \$ 0.00

\$180.00

Indep. Claims**Extra Claims**

Fee (\$)

Fee Paid (\$)

0 - 3 or HP = 0 x \$100.00 = \$ 0.00

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets**Extra Sheets**

Number of each additional 50 or fraction thereof

Fee (\$)

Fee Paid (\$)

0 - 100 = 0 / 50 = 0 (round up to a whole number) x \$125.00 = \$ 0.00

4. OTHER FEE(S)

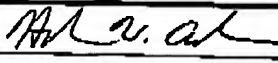
Non-English Specification, \$130 fee (no small entity discount)

Other: Terminal Disclaimer

Fees Paid (\$)

130.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 37272	Telephone 978-264-4001
Name (Print/Type)	Holmes W. Anderson		Date March 30, 2006

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